## PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: Mail Mail Stop ISSUE FEE
Commissioner for Patents P.O. Box 1450 Alexandria, Virginia 22313-1450 or Fax (571)-273-2885

INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks 1 through 5 should be completed where

appropriate. All further indicated unless correcte maintenance fee notificat	a below of affected off	ng the Patent, advance of herwise in Block 1, by (	orders and notification of r a) specifying a new corres	maintenance fees will spondence address; a	l be mail nd/or (b)	ed to the current indicating a sepa	corresponderate "FEE	ence address as ADDRESS" for	
CURRENT CORRESPONDE	ree pap	Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission.							
26271		1/2007			_	Aailing or Trans	minsion		
1301 MCKINNE SUITE 5100		LP	I he Stat addi tran	reby certify that this es Postal Service with ressed to the Mail Service to the USPTC	Fee(s) Tr	ansmittal is being	deposited v	with the United in an envelope being facsimile I below.	
HOUSTON, TX	77010-3095		R	onnie Wēbb				(Depositor's name)	
				Pou	نقيد	auch		(Signature)	
					2007	DO-47		(Date)	
APPLICATION NO.	FILING DATE		FIRST NAMED INVENTOR	NTOR ATT		DOCKET NO.	CONFIRMATION NO.		
08/765,695	08/765,695 07/25/1997		LARS ABRAHMSEN		XXX	XXXXXXXX HO-PC		01525480	
TITLE OF INVENTION THE CONJUGATE	: CONJUGATE BETW	EEN A MODIFIED SU	PERANTIGEN AND A T	ARGET-SEEKING	СОМРО	UND AND THE	USE OF		
APPLN, TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE F	EE TO	TAL FEE(S) DUE	DA	TE DUE	
nonprovisional	nonprovisional YES		\$0	\$700		\$700	07/	05/2007	
EXAMINER		ART UNIT	CLASS-SUBCLASS						
SCHWADRON, RONALD B		1644	424-197110	•					
1. Change of corresponder CFR 1.363).	nce address or indication	n of "Fee Address" (37	· 2. For printing on the pa	atent front page, list				<b>-</b>	
CFR 1.303).  Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.			(1) the names of up to 3 registered patent attorneys or agents OR, alternatively,						
"Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.			(2) the name of a single registered attorney or a 2 registered patent attor listed, no name will be	a single firm (having as a member a new or agent) and the names of up to ent attorneys or agents. If no name is will be printed.					
3. ASSIGNEE NAME AN	ND RESIDENCE DATA	TO BE PRINTED ON	THE PATENT (print or typ	e)					
PLEASE NOTE: Unle recordation as set forth	ess an assignee is identi in 37 CFR 3.11. Comp	fied below, no assignee eletion of this form is NO	data will appear on the part $\Gamma$ a substitute for filing an $\epsilon$	atent. If an assignee assignment.	is identifī	ed below, the do	cument has	been filed for	
(A) NAME OF ASSIGNEE			·(B) RESIDENCE: (CITY	and STATE OR COU	JNTRY)				
Active Biotech AB			Lund, Sweden						
Please check the appropria	ate assignee category or	categories (will not be pr	inted on the patent):	Individual <b>X</b> Corpo	oration or	other private grou	p entity 🗆	Government	
4a. The following fee(s) at Issue Fee		Payment of Fee(s): (Please A check is enclosed.			•	10wn above	)		
	o small entity discount p of Copies	Payment by credit card The Director is hereby overpayment, to Depos	authorized to charge t	he requir	ed fee(s), any defi	ciency, or c	redit any		
5. Change in Entity State	us (from status indicated	above)	overpayment, to Depos	THE ACCOUNT INDIVIDES		(enclose an	ехиа сору с	of this form).	
a. Applicant claims	SMALL ENTITY statu	s. See 37 CFR 1.27.	☐ b. Applicant is no long	er claiming SMALL I	ENTITY:	status. See 37 CFI	R 1.27(g)(2)	,	
NOTE: The Issue Fee and interest as shown by the re	Publication Fee (if requectords of the United State	ired) will not be accepted es Patent and Trademark	I from anyone other than th Office.	e applicant; a register	ed attorne	ey or agent; or the	assignee or	other party in	
Authorized Signature _	F	Tr				30, 2007			
Typed or printed name				Registration No.	***************************************			Manufacture of the state of the	
This collection of informal an application. Confidential submitting the completed this form and/or suggestion Box 1450, Alexandria, Vii	tion is required by 37 Clality is governed by 35 application form to the ns for reducing this burginia 22313-1450. DO	FR 1.311. The informatio U.S.C. 122 and 37 CFR USPTO. Time will vary den, should be sent to the NOT SEND FEES OR C	n is required to obtain or re 1.14. This collection is esti- depending upon the indivi- Chief Information Officer COMPLETED FORMS TO	etain a benefit by the p mated to take 12 min dual case. Any comm y, U.S. Patent and Trac THIS ADDRESS ST	oublic whit tes to contents on the demark O	ch is to file (and be mplete, including the amount of time of fice, U.S. Depart	y the USPT gathering, p you requir ment of Co	O to process) oreparing, and e to complete mmerce, P.O.	

Alexandria, Virginia 22313-1450.

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.